



## ADULT FAMILY HOME RESIDENT PERSONAL BELONGINGS INVENTORY

WAC 388-76-665(d)

INSTRUCTIONS: Provider or Resident Manager completes upon admission. The Provider/Resident Manager and the resident or the resident's guardian or agent sign. File in the resident's record. Records and information concerning each person in care shall be maintained in such a manner as to preserve confidentiality.

RESIDENT'S NAME

NAME OF RESIDENT'S GUARDIAN

DATE OF ADMISSION

RESIDENT S NAIVIE			NAME OF RESIDE	INT 5 GUARDIAN	DATE OF ADMISSION
CONTACT LENSES			DENTURES		
EYE GLASSES			HEARING AID		
JEWELRY			WATCH		
MONEY/CHECKBOOK/CREDIT CARDS			OTHER		
		CLOTI	HING LIST		
NUMBER	ITEM	CLOTE	TING LIST	DESCRIPTION	
	Bathrobe				
	Belt				
	Blouse				
	Brassiere				
	Coat				
	Dress				
	Girdle				
	Gloves				
	Handkerchief				
	Hat				
	House coat				
	Necktie				
	Nightgown				
	Pajamas				
	Pants				
	Shirts				
	Shoes				
	Skirts				
	Slippers				
	Slips				
	Socks				
	Stockings				
	Suit				
	Suspenders				
	Sweater				
	Undershirt				
	Underpants				
	Underwear - long				
	Vests				
	Other:				
	Other.	MISCEL	LANEOUS		
NUMBER ITEM			LAITLOOD	DESCRIPTION	
	Brush				
	Cane or crutches				
	Clock				
	Luggage				
	Radio				
	Television (model and serial number	er)			
	Walker				
	Wheelchair (model and serial num	ber)			
	Other:				
STATEMENT: I have read and agree that this is an accurate list of my belongings.  PROVIDER'S/RESIDENT MANAGER'S SIGNATURE DATE RESIDENT'S OR GUARDIAN'S SIGNATURE DATE					
PROVIDER'S/RESIDENT MANAGER'S SIGNATURE DATE RESIDENT'S OR GUARDIAN'S SIGNATURE DATE					
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